

*VT Health Care Innovation Project
Core Team Meeting Minutes*

Pending Work Group Approval

Date of meeting: July 16, 2014 **Location:** DFR 3rd Floor Conference Room, 89 Main Street, Montpelier VT

Members: Anya Rader Wallack, Chair; Robin Lunge, AOA; Susan Wehry, DAIL; Paul Bengtson, NVRH; Al Gobeille, GMCB; Mark Larson, DVHA; Doug Racine, AHS; Steve Voigt.

Attendees: Georgia Maheras, AOA; Diane Cummings, AHS; Annie Paumgarten, Richard Slusky, Spenser Weppler, Susan Barrett, GMCB; Julia Shaw, VT Legal Aid; Alicia Cooper, Kara Suter, DVHA; Julie Wasserman, Monica Light, AHS; Julie Tessler, Vermont Council; Simone Rueschemeyer, BHN; Todd Moore, Churchill Hindes, OneCare Vermont; Joyce Gallimore, CHAC; Melissa Miles, Heather Skeels, BiState Primary Care; Kirsten Murphy, Washington County Mental Health. Nelson LaMothe, Project Management Team.

Agenda Item	Discussion	Next Steps
1. Welcome and Chair's report	Anya Wallack called the meeting to order at 1:02 pm and gave an update on the CMMI site visit that took place on June 18 th . CMMI provided great feedback to Vermont as part of that site visit and in particular was pleased with Vermont's level of provider engagement. CMMI has also assigned a new Program Officer to Vermont: Patti Boyce. Patti replaces Clare Wrobel who has been promoted within CMMI. Anya noted that due to changes in the Open Meeting Law the Core Team will be doing roll call for any votes at this meeting.	
2. Approval of Minutes	Al moved to approve the June 17 th minutes. This was seconded by Susan. All approved with two abstentions (Doug Racine and Steve Voigt). At this point in the meeting, Mark Larson joined.	
3. Commercial SSP Standards Update	Anya introduced this topic and then Richard Slusky provided an update to the Core Team about the Commercial SSP Standards. Richard referred to Attachments 3a-3c as part of his update. The	

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	<p>documents describe technical and substantive changes to the Commercial SSP Standards. The changes are a result of the GMCB’s decisions when they approved the Commercial SSP as well as changes recommended as a result of implementation issues that have arisen. These changes will go to the GMCB for approval.</p> <p>The Core Team engaged in a discussion about these changes. The Core Team requested that Richard provide the following two comments to the GMCB:</p> <ol style="list-style-type: none"> 1. Regarding the possibility of an ACO to receive savings if they fail to meet the minimum quality score (#4), the Core Team recommends the GMCB engage in a public process to define “meaningful improvement” so that there is no risk to quality of care. 2. Regarding the term “GMCB facilitated process”, the Core Team recommends there be additional language or a definition added to these documents so that the GMCB facilitated process is performed with guidance from the VHCIP work groups. 	
<p>4. Grant Program Application</p>	<p>Georgia Maheras provided an overview of the Round Two Grant Application Process and recommended changes to the application. The goal is to release the solicitation for applications by the end of July.</p> <p>Four of the VHCIP made recommendations to the application and criteria to the Core Team, this is provided in Attachment 4b. The Core Team discussed these recommendations and will add four of them to the application itself. The remaining recommendations will be converted into scoring/review guidelines for the Core Team. Georgia will provide draft scoring/review guidelines to the Core Team for review and discussion at their August meeting.</p> <p>Robin Lunge moved to approve the application for release. This was seconded by Al Gobeille and unanimously approved.</p>	<p>Release of Application by July 31.</p>
<p>5. Spending Recommendations</p>	<p>Anya told the Core Team that Vermont would be submitting a budget to CMMI on July 31st pending Core Team approval in August. There is time and ability to make changes to the year two</p>	

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<p>and Decisions</p>	<p>budget after this submission.</p> <p>Anya recused herself at this point in the meeting pursuant to the VHCIP conflict of interest policy due to connections with both the evaluation sub-contractor and Dartmouth Hitchcock Medical Center. Anya asked Robin to Chair the meeting.</p> <p>Robin introduced the first financial request: an increase in funding for the evaluation contract due to contracting delays and changes in the scope of work. Georgia provided more detail about what work the additional funds would support highlighting that the increase in work was due, in part, to additional guidance from CMMI. The funds for this are available within the Evaluation line item in the budget. Susan Wehry moved to approve this increase and Steve Voigt seconded it. It was unanimously approved.</p> <p>Paul Bengtson recused himself at this point in the meeting due to NVRH’s participation in OneCare Vermont.</p> <p>Robin introduced the chart review proposal. Georgia provided background as to why this proposal was before the Core Team and how it would impact measure collection. Susan raised the concern about ensuring we have sufficient oversight and also flexibility. The Core Team agreed that this balance is challenging and that this should be monitored. The Core Team also expressed the desire that this be a one-time expense and not a recurring cost. Georgia explained that the HIE/HIT investments previously approved by the Core Team should help to ensure this is not a recurring cost. Kara provided additional information about this proposal: this process ensures we get data in year one and better positions us for evaluating that data and potentially using those measures for payment in subsequent years. Georgia explained that the funding for this would come from the system-wide analysis portion of the workforce line-item. Steve moved to approve this request. This was seconded by AI and approved unanimously.</p> <p>Robin introduced to ACO proposal. Georgia provided background as to why this proposal was before the Core Team. Georgia walked through the various line items that were adjusted to</p>	

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	<p>accommodate this expense. Susan asked why this was not coming through as part of the sub-grant program. Georgia explained that there is a timing issue related to OneCare: the hospitals are in the middle of the hospital budget approval process, which concludes in September before the sub-grant program decisions will be made. The community hospitals need to know if there will be any SIM money provided to OneCare to offset their contribution to the ACO prior to the decision about their hospital budgets by the GMCB. Robin added that initially the grant program second round was to happen earlier in 2014, but it was pushed back and we didn't realize this timing was an issue. Susan said that despite OneCare's data showing a need to do more work to improve care for those with disabilities and in need of long term services and supports, their proposal does not include that as an area of clinical focus. Church Hindes and Todd Moore from OneCare concurred with this comment and agreed that they would focus, with their community partners, on this issue. There was additional discussion about whether CMMI would approve an expenditure like this and Georgia responded that CMMI was funding work like this in other states. Doug confirmed that the work proposed needed to be performed and that the costs were consistent with earlier proposals.</p> <p>Steve moved to approve this proposal and it was seconded by Al. It was approved unanimously.</p>	
<p>5. Public Comment</p>	<p>Julie Tessler concurred with Commissioner Wehry's earlier comments about focusing on DLSS and commented that there needs to be an increase in investment in mental health services and planning around them for adults.</p> <p>Kirsten Murphy concurred with Commissioner Wehry's earlier comments and suggested the Core Team reconsider the reduction in the support for the one line item that related to DLSS by \$400,000.</p> <p>Julia Shaw suggested that the Core Team allow for public comment before voting on each issue. She commented that regarding the changes to the Commercial SSP Standards, Legal Aid was concerned about #4:</p>	

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	<ol style="list-style-type: none"> 1. There was a bad process regarding this at the GMCB; 2. This was not discussed at the work group; 3. It is unclear how this would work with the gate and ladder methodology; 4. It makes more sense to make a modification like this once the baseline line data is available. <p>Joyce Gallimore thanked the Core Team for the investment in CHAC. She said that CHAC understands the need for performance evaluation and making sure the quality of care does not decline. She said that CHAC will also focus on the DLTSS population.</p>	
6. Next Steps, Wrap up	Next meeting: August 13, 2014, 1-3:30 pm, DFR 3 rd Floor Conference Room, 89 Main St, Montpelier.	